

NOTICE REGARDING YOUR LEGAL RIGHTS AND THE CONSEQUENCES OF SIGNING AN ACKNOWLEDGMENT OF PATERNITY

This notice is to help you decide whether or not you wish to sign an Acknowledgment of Paternity. An Acknowledgment provides you with a way to legally establish paternity for your child. New York Law says that you must receive oral and written notice of your legal rights and the consequences of signing an Acknowledgment of Paternity. Before signing an Acknowledgment of Paternity, PLEASE READ the following information.

WHAT YOU SHOULD CONSIDER BEFORE SIGNING AN ACKNOWLEDGMENT OF PATERNITY:

YOU MAY NOT SIGN AN ACKNOWLEDGMENT OF PATERNITY IF:

- **The mother was married at any time** during the pregnancy or when the child was born because her husband (or former husband) is considered the legal father of the child unless a court determines otherwise; **or**
- **The mother is unmarried and more than one man** could be the father of the child; **or**
- **The child is not yet born.** You may only sign an Acknowledgment of Paternity **after** the birth of the child.

You may wish to speak to a lawyer before signing an Acknowledgment of Paternity. You have a right to seek legal representation and supportive services including counseling. Hospital staff are prepared to speak to you about questions you may have regarding establishing paternity. Hospital staff will also provide you with the telephone number of the support collection unit to answer questions you may have regarding the Acknowledgment of Paternity or establishing paternity.

WHAT IT MEANS IF YOU SIGN AN ACKNOWLEDGMENT OF PATERNITY:

An Acknowledgment of Paternity signed by both the mother and the father will legally establish who the child's father is. An Acknowledgment of Paternity will have the same force and effect as a court order establishing paternity for the child. It will eliminate the need to have a family court hearing to decide who the child's father is and will establish the duty of both parents to provide support for the child which may be retroactive to the birth of the child.

When a man signs an Acknowledgment of Paternity, he waives his right to a court hearing to determine if he is the father of the child.

Signing an Acknowledgment of Paternity may be the basis for the father to establish custody and visitation rights to the child, and may also be the basis for requiring his consent prior to an adoption proceeding.

When the Acknowledgment is filed with the New York City Department of Health & Mental Hygiene, it will establish the child's right to inheritance from the father. Filing the Acknowledgment with the Putative Father Registry may establish the child's right to inheritance from the father. The Putative Father Registry is the state registry which maintains a record of the name and address of persons who acknowledge paternity or who have been determined by a court to be the father of a child born out of wedlock. The Putative Father Registry may only release the name and address of such persons upon request to a court or authorized agency or to another person but only by order of a court.

The child may have the last name of either parent, a combination of last names, or any other last name the parents agree on. The choice of name will not affect the legal status of the child. Please indicate on the Acknowledgment of Paternity the child's full name as it appears on the birth certificate. If the birth certificate has already been filed and you wish to change the child's last name enter both the last name as it appears on the birth certificate and the new last name.

Either parent has a right to ask the court to cancel the Acknowledgment of Paternity by filing a petition with the family court. The request must be made within the earlier of 60 days from the date of signing an Acknowledgment of Paternity or the date of an administrative or judicial proceeding (including a proceeding to establish a support order) relating to the child in which either parent is a party. The "date of an administrative or judicial proceeding" is the date by which the party is required to answer the petition. When more than 60 days have passed since the signing of an Acknowledgment of Paternity, either parent may only challenge the Acknowledgment of Paternity in court on the basis of fraud, duress, or material mistake of fact, with the burden of proof on the party challenging an Acknowledgment of Paternity.

WHAT IT MEANS IF YOU DO NOT SIGN AN ACKNOWLEDGMENT OF PATERNITY:

If an Acknowledgment of Paternity is not signed by both parents, the man will not have a duty to support the child unless an order is made after a hearing in family court establishing him as the father of the child. If the court declares the man to be the father of the child, the court may make an order of support which may be retroactive to the birth of the child.

If you are named as the father of a child in a court hearing to establish paternity, you have a right to free legal representation if the court determines you are unable to pay for legal representation. You also have a right to genetic marker tests or to DNA tests, which will help the court determine if you are the child's father.

If you refuse to sign an Acknowledgment of Paternity, your refusal **cannot** be considered to be a failure to cooperate in establishing paternity for the child if you apply for or receive public assistance for the child.

The father's name **cannot** appear on the child's birth certificate **unless both parents sign** an Acknowledgment of Paternity or unless a court determines paternity.

WHAT NEEDS TO BE DONE WITH THE ACKNOWLEDGMENT OF PATERNITY AFTER YOU SIGN IT:

If you sign an Acknowledgment of Paternity at a hospital or a social services agency for a child born in New York City, the original will be filed for you with the New York City Department of Health & Mental Hygiene. The Acknowledgment of Paternity also will be filed with the Putative Father Registry.

If you are signing an Acknowledgment of Paternity without assistance from the hospital or social services agency, you must file the original with the New York City Department of Health & Mental Hygiene at 125 Worth Street, Box 4, New York, NY 10013 - Attention: Corrections Unit, Room 144. A copy will be filed with the Putative Father Registry.

IMPORTANT:

- By signing the Acknowledgment of Paternity before two witnesses who are not related to you, you are stating that you have received oral and written notice regarding your legal rights and the consequences that result from signing an Acknowledgment of Paternity, and that a copy of this notice has been provided to you.
- If you have any doubts about the child's paternity, after reading this notice and having received oral notice, **do not** sign an Acknowledgment of Paternity.
- If you wish to sign an Acknowledgment of Paternity, after reading this notice and having received oral notice, please complete the Acknowledgment of Paternity on Page 3 of this form.

LDSS-4418 NYC (Rev. 10/02) NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE, Vital Records NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE Pursuant to Section 4135-b of Public Health Law ACKNOWLEDGMENT OF PATERNITY <i>(Please Type or Print with black Ink)</i>	<i>(For Official Use Only)</i> Hospital Code: _____ (4 DIGIT PFI No.) Birth Number: _____												
INDICATE, BY CHECKING THE APPROPRIATE BOX, WHERE THE ACKNOWLEDGMENT IS BEING SIGNED: <input type="checkbox"/> HOSPITAL <input type="checkbox"/> CHILD SUPPORT OFFICE <input type="checkbox"/> BIRTH REGISTRAR <input type="checkbox"/> OTHER _____													
INFORMATION ABOUT THE CHILD FOR WHOM THE ACKNOWLEDGMENT OF PATERNITY IS SIGNED: PRINT CHILD'S FULL NAME AS IT NOW APPEARS ON THE BIRTH CERTIFICATE: <i>(First, M.I., Last)</i> _____													
PRINT CHILD'S LAST NAME ONLY AS IT WILL APPEAR ON NEW BIRTH CERTIFICATE: _____													
PLACE OF BIRTH: <i>(Name and Address of Hospital where child was born):</i> _____													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center;">DATE OF BIRTH</th> <th style="text-align: center;">SEX</th> </tr> <tr> <th style="width: 25%;">MONTH</th> <th style="width: 25%;">DAY</th> <th style="width: 25%;">YEAR</th> <th></th> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td> <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE </td> </tr> </table>		DATE OF BIRTH			SEX	MONTH	DAY	YEAR					<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
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MONTH	DAY	YEAR											
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ACKNOWLEDGMENT OF PATERNITY BY FATHER:													
I, _____, residing at _____ <div style="display: flex; justify-content: space-between;"> First Middle Last Name House/Apt. Number and Street </div> In the City of _____, State of _____, Zip Code _____ my place of birth, <i>(City, State, Or Foreign Country)</i> _____, my date of birth ____/____/____, <div style="text-align: right; margin-right: 50px;">Month Day Year</div> Social Security Number: _____, hereby acknowledge that I am the biological father of the child named above. I UNDERSTAND THAT SIGNING THIS ACKNOWLEDGMENT WILL ESTABLISH THE PATERNITY OF THE CHILD AND HAVE THE SAME FORCE AND EFFECT AS AN ORDER OF FILIATION ENTERED AFTER A COURT HEARING INCLUDING AN OBLIGATION TO PROVIDE SUPPORT FOR THE CHILD. EXCEPT THAT ONLY IF THIS ACKNOWLEDGMENT IS FILED WITH THE REGISTRAR WHERE THE BIRTH CERTIFICATE IS FILED WILL THE ACKNOWLEDGMENT HAVE SUCH FORCE AND EFFECT WITH RESPECT TO INHERITANCE RIGHTS. I HAVE RECEIVED WRITTEN AND ORAL NOTICE OF MY LEGAL RIGHTS AND THE CONSEQUENCES OF SIGNING THE ACKNOWLEDGMENT OF PATERNITY, AND I UNDERSTAND WHAT THE NOTICE STATES. A COPY OF THE WRITTEN NOTICE HAS BEEN PROVIDED TO ME. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE. SIGNATURE: _____ Date ____/____/____, <div style="text-align: right; margin-right: 50px;">Month Day Year</div> The above named _____, signed and affirmed before us this ____ day of _____, _____, that the information contained herein is true. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> _____ First Witness </div> <div style="width: 45%;"> _____ Second Witness </div> </div> <div style="text-align: center; margin-top: 5px;"> <i>(Witnessed by two people not related to the mother or father.)</i> </div>													
ACKNOWLEDGMENT OF PATERNITY BY MOTHER:													
I, _____, residing at _____ <div style="display: flex; justify-content: space-between;"> First Middle Last Name House/Apt. Number and Street </div> In the City of _____, State of _____, Zip Code _____ my place of birth, <i>(City, State, Or Foreign Country)</i> _____, my date of birth ____/____/____, <div style="text-align: right; margin-right: 50px;">Month Day Year</div> Social Security Number: _____, hereby consent to the acknowledgment of paternity for my child named above, and acknowledge that the man named above is the only possible father of my child who was born to me. I state that I was not married at any time during the pregnancy or when the child was born OR , I state that I was not married when the child was born or at any time during the pregnancy but I have subsequently married the child's biological father. I UNDERSTAND THAT SIGNING THIS ACKNOWLEDGMENT WILL ESTABLISH THE PATERNITY OF THE CHILD AND HAVE THE SAME FORCE AND EFFECT AS AN ORDER OF FILIATION ENTERED AFTER A COURT HEARING INCLUDING AN OBLIGATION TO PROVIDE SUPPORT FOR THE CHILD. EXCEPT THAT ONLY IF THIS ACKNOWLEDGMENT IS FILED WITH THE REGISTRAR WHERE THE BIRTH CERTIFICATE IS FILED WILL THE ACKNOWLEDGMENT HAVE SUCH FORCE AND EFFECT WITH RESPECT TO INHERITANCE RIGHTS. I HAVE RECEIVED WRITTEN AND ORAL NOTICE OF MY LEGAL RIGHTS AND THE CONSEQUENCES OF SIGNING THE ACKNOWLEDGMENT OF PATERNITY, AND I UNDERSTAND WHAT THE NOTICE STATES. A COPY OF THE WRITTEN NOTICE HAS BEEN PROVIDED TO ME. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE. I am currently in receipt of public assistance and/or child support services from a social services district in New York state. <input type="checkbox"/> NO <input type="checkbox"/> YES If "Yes", identify the county and address of the social services district, if known: _____ SIGNATURE: _____ Date ____/____/____, <div style="text-align: right; margin-right: 50px;">Month Day Year</div> My maiden name is <i>(Last name only)</i> : _____ The above named _____, signed and affirmed before us this ____ day of _____, _____, that the information contained herein is true. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> _____ First Witness </div> <div style="width: 45%;"> _____ Second Witness </div> </div> <div style="text-align: center; margin-top: 5px;"> <i>(Witnessed by two people not related to the mother or father.)</i> </div>													
IMPORTANT NOTICE: This form must be completed and filed with the New York City Department of Health & Mental Hygiene													
<i>(For Official Use Only)</i>													
The above ACKNOWLEDGMENT OF PATERNITY is hereby filed with the New York City Department of Health & Mental Hygiene on ____/____/____ <div style="text-align: right; margin-right: 50px;">Month Day Year</div> This is to certify that I have examined the original record which this document seeks to amend. There are no omissions or apparent errors in this document that renders it unacceptable from amending the record. This document is, therefore, approved. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> _____ Deputy City Registrar </div> <div style="width: 45%;"> ____/____/____ <div style="text-align: right; margin-right: 50px;">Month Day Year</div> </div> </div>													

MAIL pages 3 and 4 of this form to:

New York City Department of Health & Mental Hygiene
Office of Vital Records
Attention: Corrections Unit, Room 144
125 Worth Street, Box 4
New York, NY 10013

If you want to obtain a new birth certificate, either:
Enclose a check or money order for \$15.00, or
Return a newborn birth certificate (Form no. VR-133); it may not be a
photocopy, and it must have been issued within the last year.

FATHER

Name _____
Address _____ Apt. _____
City _____ State _____ Zip _____

Mailing address of Father must be printed here.

A copy of this Acknowledgment will be mailed to him
when it is filed with the New York City Department of
Health & Mental Hygiene.

(Fold Here)

(Fold Here)

Mother's telephone number(s)

Daytime _____
Evening _____

MOTHER

Name: _____
Address _____ Apt. _____
City: _____ State: _____ Zip _____

Mailing address of Mother must be printed here.

A copy of this Acknowledgment will be mailed to her
when it is filed with the New York City Department of
Health & Mental Hygiene.